

Shop Name: _____

State of Iowa Contractor License ID # _____ (Exp.Date) _____

Iowa Workforce Development Contractor's Registration # _____

Trade: ☐ Electrical ☐ Mechanical ☐ Plumbing

*A separate application form is required
for each trade registration!*

Address _____ City, State Zip _____

Business Phone # _____ Mobile Phone # _____

E-mail Address _____

Requirements:

- ☐ All contractors performing construction work must be registered with the Division of Labor
- ☐ All electrical, plumbing & mechanical contractors must hold a current license with the State of Iowa.

Master License(s) (name as it appears on State of Iowa License)

Name: _____ State License # _____

☐ Electrician Master A ☐ Electrician Master B ☐ Plumbing ☐ HVAC ☐ Refrigeration ☐ Hydronics

Name: _____ State License # _____

☐ Electrician Master A ☐ Electrician Master B ☐ Plumbing ☐ HVAC ☐ Refrigeration ☐ Hydronics

Agent(s) authorized to submit & sign for permits:

Full Name: _____ Title _____

Full Name: _____ Title _____

Full Name: _____ Title _____

Applicant, you are responsible for keeping our office updated with current information.

Applicant's Signature: _____ Title _____

Applicant's Printed name: _____

Applicant's e-mail address: _____

Date: _____

Office Use: Date verified: _____ by: _____

☐ scanned _____ ☐ entered in Permit Plan _____